

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/22/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SENIOR SUITES AT THE LELAND, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 SOUTH A STREET RICHMOND, IN 47374</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 11-12-2015 to the Investigation of Complaint IN00177605 completed on 8-17-15.</p> <p>This visit was conducted in conjunction with a PSR to the Investigation of Complaint IN00184600 completed on 11-12-2015.</p> <p>Complaint IN00177605-Corrected.</p> <p>Survey date: January 22, 2016</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Census bed type: Residential: 88 Total: 88</p> <p>Census Payor type: Medicaid: 63 Other: 25 Total: 88</p> <p>Sample: 3</p> <p>Senior Suites at the Leland, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the Investigation of Complaint IN00177607.</p> <p>Quality review completed by 30576 on January 25, 2016.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE